

CITY OF TEMPE ADOPT-THE-LAKE VOLUNTEER (ORGANIZATION)



Organization:						
Contact Person:						
Address:						
City:	State:			Zip:		
Phone: ()) Mobile:		() Fax		()	
Email:						
Information about group						
Total number of participants:						
How many in each age group?	(10-17))	(18-30)	(31-60)	(61+)
Days Available: M T W Th F Sa Su						
Interest:						
Please list any special skills that people in your group can provide:						
Describe any special needs of the group in order to participate:						
How often would your group like to participate? (If a section of the lake is assigned.)						
The second of the great factor of the second						
Why we want to volunteer for the City of Tempe:						
Mail to:			Fax to:			
City of Temp					480) 858-2194	
Economic Develo Rio Salado Division/Ado	•	ake			Questions:	
P.O. Box 500	2			(480) 858-2188	
Tempe, AZ 85						